Cape Hatteras National Seashore

1401 National Park Drive Manteo, NC 27954

Wright Brothers National Memorial

252-473-2111 phone

## Academic Fee Waiver Application Cape Hatteras Lighthouse or Wright Brothers National Memorial

Please type or legibly print the information requested in the blanks below. Attach additional sheets if necessary.

Name of Academic Institution:			
Address:	City	_State	Zip
Department:			
Person in charge of group:	Contact #:		
Number of Faculty/Chaperons:	Number of Students:		
Number of Vehicles:	Type of Transportation:		
WRBR - Date of Arrival:	Arrival Time:		
Cape Hatteras Lighthouse - Date of Arrival:	Time: Contact lighthouse group reservations at (252) 473-2111 x9622		
Course Title and description of class/studies or	•		
State the educational purpose of trip and direct and/or Cape Hatteras Lighthouse:			

Is the educational purpose	of the visit part of your accredited cur	riculum? If yes, explain.
Will any filming or photog	graphy be involved with your activity?	If yes, describe.
	equipment (tent, sound/PA system, ca	ntering, concessions)? If yes,
Are you utilizing the servi	ces of a commercial tour company?	YesNo
Bus Rental Only		
If yes, have they waived y	our entrance and/or lighthouse fees? _	YesNo
How did members of your	group learn about the opportunity to p	participate in this activity?
Have you or your organizates No If granted, when?	ation applied previously for a waiver fo	or this activity?
fees be waived. Current of institution by a Federal, St educational status is attach	oove detailed trip meets these requirem fficial documentation of recognition of tate or local government entity, or othe ned. It is insufficient to merely state or prepared documentation, may result in	affiliation as an education er evidence attesting to imply this on official letterhead.
Signature of applicant		
Title	Date	
	Do not write below this line	
Signature		
Title	Date	
Lesson Plan/Itinerary	Accredited/Tax Exempt	Course description
APPROVED	DENIED	
Request #		